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HOGAN & HARTSON L.L.P.

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500 SOUTH GRAND AVENUE SUITE 1900 LOS ANGELES, CA 90071

> Tel.: (213) 337-6700 Fax: (213) 337-6701

IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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*Affiliated Office

TO:

U.S. Patent and Trademark Office

Examiner: Sean E. Aeder Art Unit: 1642

FROM:

Lawrence J. McClure

DATE:

TIME:

January 20, 2006

TOTAL NO. OF PAGES, INCLUDING COVER:

16

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/713,808; Our Ref. 89212.0014

I hereby certify that the following documents:

- Transmittal Letter (in duplicate);
- Amendment and Response to Restriction Requirement; and
- Petition for Extension of Time (in duplicate).

are being facsimile transmitted to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 20, 2006

Rhonda plust

TELECOPY/FAX NUMBER:	(571) 273-8300 Art Unit 1642
CLIENT NUMBER:	89212.0014
ATTORNEY BILLING NUMBER:	1966
CONFIRMATION NUMBER:	(please return fax to Rhonda Hurt)

+213 337 6701

T-287 P.004/016 F-186

FORM PTO-1083

15:15

Attorney Docket No. 89212.0014 Patent Application No. 10/713,808

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CENTRAL FAX CENTER

In re application of:

Dave S. B. HOON, et al.

Serial No: 10/713,808

Filed:

November 14, 2003

For:

DETECTION OF MICRO METASTASIS OF

MELANOMA AND BREAST CANCER IN PARAFFIN-EMBEDDED TUMOR DRAINING

LYMPH NODES BY MULTIMARKER

QUANTITATIVE RT-PCR

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit: 1642 JAN 2 0 2006

Examiner: Sean E. Aeder

hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300:

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

January 20, 2006 Date of Deposit

\$jgnature

Rhonda Hurt Name Name nondo

01/20/2006 Date

Dear Sir:

Transmitted herewith is an Amendment and Response to Restriction Requirement.

No additional fee is required.

The fee has been calculated as shown below:

s ree has been d	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	30	1.1	26		4	LG=\$50 SM=\$25	\$25·	\$	100	
INDEPENDENT	4	1.1	4	発売の	0	LG=\$200 SM=\$100	\$0	\$	٥	
CLAIMS FEE	N OF MULTIPLE DEPENDEN	T CLAIN			LAR	GE ENTITY FEE	= \$360 = \$180	\$	0	
	(IF ANY) (TOTAL PAGES O			THER)	\$250 FOR EACH SHEETS			\$	0	
ndependent Claims:					Or just to		TOTAL	\$	100	

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- Please charge the fee of \$100 for the additional claim fees to Deposit Account No. 50-1314. A copy of 冈 this sheet is enclosed.
- Please charge the fee of \$225 for the extension of time to Deposit Account No. 50-1314. A copy of this X sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is 図 enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17 Respectfully submitted

Date: January 20, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071

Telephone: 213 337-6700 Facsimile: 213 337-6701

HOGAN & HARTSON

awrence J. McClù Régistration No. 44,228 Aftomey for Applicant(s)